Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000419077 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 : (407)841-1200 Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.

Email Address:\_

CLARSON1455@GMAIL.COM

# FLORIDA LIMITED LIABILITY CO. 517 GVILLE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H240004190773)))

#### ARTICLES OF ORGANIZATION

#### OF

#### 517 GVILLE, LLC

The undersigned, acting as authorized representative of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

## ARTICLE I - NAME OF COMPANY

The name of the limited liability company is 517 GVILLE, LLC (the "Company").

## **ARTICLE II - PRINCIPAL OFFICE**

The street address, and the mailing address, of the principal office of the Company is 395 SW 30th Terrace, Okeechobee, Florida 34947.

### ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 395 SW 30th Terrace, Okeechobee. Florida 34947. The name of the registered agent of the Company at that address is Colleen Larson.

# **ARTICLE IV - MANAGEMENT**

The Company is to be a member-managed company. The names and addresses of the initial authorized members of the Company are:

Colleen Larson 395 SW 30th Terrace Okeechobee, FL 34974

Travis Larson

65140.v1

SECRETARY OF STATE

(((H24000419077 3)))

395 SW 30th Terrace Okeechobee, FL 34974

Jenna Larson 395 SW 30th Terrace Okeechobee, FL 34974

Joshua Larson 395 SW 30th Terrace Okeechobee, FL 34974

# **ARTICLE V - EFFECTIVE DATE**

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

The undersigned member has made and subscribed these Articles of Organization this

17th day of \_\_December \_\_, 2024.

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Colleen Larson, Member

# STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-referenced limited liability company, at the place designated in the foregoing Articles of Organization. I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 605,0113 of the Florida Statutes.

Colleen Larson

From: Liney Brigisa

Fax: +17724647700

To:

Far: +18506176381

Page: 4 of 4 12/20/2024 4:39 PM

(((H24000419077 3)))

Date: <u>December 17</u>. 2024